

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 1916Registered No. 376

1. PLACE OF BIRTH

County YumaState Arizona

District or Township

City Miami

or Village

No. 417Coffee Canyon

St.

Ward

2. Full name of child Paul Leroy Higgins

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.male

4. Twin, triplet or other

6. Legitimate?

5. No., in order of birth

yes

7. Date

of birth

Month Day Year

Aug 271927

8.

FATHER

Full name

Edward Charles Higgins

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

10. Color or race

White11. Age at last birthday 25 (Years)

14.

MOTHER

Full maiden name

Annie Bertha Callison

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

16. Color or race

White17. Age at last birthday 7 (Years)

18. Birthplace (city or place)

(State or country)

Texas

19. Occupation

Nature of Industry

Housewife20. Number of children of this mother 1(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive

(Born alive or stillborn.)

at 3:40 a.m. on the date above statedSignature J. J. MillerM.D.

(Physician or midwife).

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report.

Month, day, year

Address Miami, ArizonaFiled Sept 10, 1927E. E. Jones

Registrar

Registrar

382-827-125